

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395604	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER GREENSBURG CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 119 INDUSTRIAL PARK ROAD GREENSBURG, PA 15601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0755 Level of harm - Actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of policies, clinical records and manufacturer's information, as well as staff interviews, it was determined that the facility failed to obtain physician-ordered medication resulting in a medication not being administered as ordered for one of five residents reviewed (Resident 2), which resulted in [MEDICAL CONDITION] activity with a transfer to the hospital for the resident. Findings include: The facility's current policy regarding unavailable medications indicated that the facility was to make every effort to ensure that medications were available to meet the needs of each resident. The pharmacy was to notify nursing staff that the ordered product was unavailable, when it is anticipated that the medication would become available, and suggest alternative, comparable medication that was available. Nursing staff were to notify the attending physician about the situation and explain the circumstances, obtain a new order, cancel/discontinue the order for the non-available medication, and notify the pharmacy about the replacement order. An admission note for Resident 2, dated March 4, 2020, revealed that he arrived from another nursing facility, was alert and oriented to self, and had no complaints of pain or shortness of breath. Physician orders [REDACTED]. physician's orders [REDACTED]. A nursing note for Resident 2, dated March 4, 2020, at 10:09 p.m. revealed that [MEDICATION NAME] was not available in the facility's Omnicell (a secure device used to store and dispense medications with the proper authorization). A nursing note for Resident 2, dated March 5, 2020, at 9:38 a.m. revealed that the CRNP was notified that the resident did not have [MEDICATION NAME] available at that time. The nurse called the pharmacy to have the medication sent stat (sent immediately). A nursing note for Resident 2, dated March 5, 2020, at 11:51 a.m. revealed that [MEDICATION NAME] was not available and was to be sent from the pharmacy. There was no documented evidence that [MEDICATION NAME] arrived stat, and no documented evidence that nursing staff called the CRNP or physician for an order. A nursing note for Resident 2, dated March 5, 2020, at 9:14 p.m. revealed that [MEDICATION NAME] was not available and was to be sent from the pharmacy. There was no documented evidence that [MEDICATION NAME] arrived stat, and no documented evidence that nursing staff called the CRNP or physician for an order. Resident 2's Medication Administration Record [REDACTED]. A nursing note for Resident 2, dated March 6, 2020, at 12:51 a.m. revealed that the registered nurse was called to the unit at 12:30 a.m. Resident 2 was sitting in a chair unresponsive and tremors were noted to all four extremities and his face. The resident was unable to speak, unable to move any extremity, and a small amount of saliva was running out of the resident's mouth. Oxygen saturation (the percentage of oxygen in the blood) was 89-90 percent on room air, and the resident was placed on two liters of oxygen per minute for comfort. The resident's wife asked that he be sent to the emergency room. An interview with the Director of Nursing on July 9, 2020, at 2:33 p.m. confirmed that Resident 2's physician should have been contacted to get an order for [REDACTED]. Code 211.12(d)(1)(3)(5) Nursing services.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.